

# ANNUAL

(GIVING)

## *campaign*

I (We) would like to support Eastman Dental Center's Annual Giving Campaign with a gift/pledge of:

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$ \_\_\_\_\_

Please indicate:

☐ Trustee ☐ Company ☐ Faculty/Staff ☐ Friend

☐ Alumnus \_\_\_\_\_ Class \_\_\_\_\_ Dept. \_\_\_\_\_

You may use my (our) gift for:

☐ General support ☐ Student Research Fellowships

☐ Endowment ☐ Library ☐ Visiting professorships

☐ Department support (specify Department) \_\_\_\_\_

**LEADERSHIP SOCIETIES:** I (We) would like to join a Leadership Society

☐ Eastman Founders Society (\$1,000 or more)

☐ EDC Associate (\$500-\$999)

☐ Director's Society (\$250-\$499)

☐ Friends of EDC (\$100-\$249)

Please list your name as you would like it to appear in the Annual Report of Gifts:

Address: \_\_\_\_\_  
Number and Street

City \_\_\_\_\_

State/County \_\_\_\_\_ ZIP Code \_\_\_\_\_

(Please make gift payable to Eastman Dental Center)

☐ Charge to (for gifts of \$100 and above):

☐ VISA ☐ MasterCard Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_

☐ Enclosed is \$ \_\_\_\_\_ on a pledge of \$ \_\_\_\_\_.

Remainder of pledge will be paid by May 31, 1990.  
Please send me a reminder.

**MATCHING GIFT PROGRAM:** Do you or your spouse work for a company that will match your gift? Please obtain the required form from your personnel office.

Your gift to Eastman Dental Center is tax deductible within the limits of the law.